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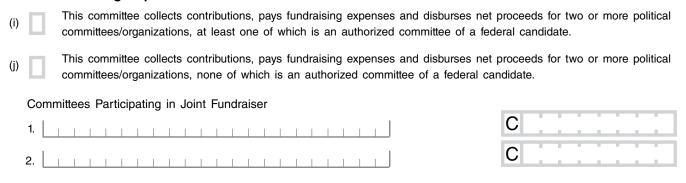
PAGE 1 / 12 -

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT ORGANIZAT	-	Office Use	PAGE 1 / 12
1. NAME OF COMMITTEE (in full)		kample:If typing, type ver the lines.	12FE4M5	
Montana Democra	atic Party]
ADDRESS (number and street)	PO Box 802			
(Check if address is changed)				
	Helena └		MT 59624 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	holly@campaigncompliance.net			
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL) http://www.montanademocrats.org			
2. DATE 07	23 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	UMBER ► C C00010	033		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best of my	/ knowledge and belief it i	s true, correct and comp	ete.
Type or Print Name of Treasur	er FourStar, Lance, , ,			
Signature of Treasurer For	ırStar, Lance, , ,		Date 07 / 23	2024
NOTE: Submission of false, erro	neous, or incomplete information may s ANY CHANGE IN INFORMATION			es of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FORM 1 sed 06/2012)

FEC	C Form 1 (Revised 03/2022)	Page 2
5	TYPE OF COMMITTEE:	
(Candidate Committee:	
((a) This committee is a principal campaign committee. (Complete the candidate information below.)	
((b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the c information below.)	andidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
(District
	Name of Candidate	
(Party Committee: (National, State DEM (Democratic, Republican, etc) (d) This committee is a STA STA (National, State DEM (Democratic, Republican, etc) Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Its connected organization	
	Corporation Corporation w/o Capital Stock Labor Orga	nization
	Membership Organization Trade Association Cooperative)
	In addition, this committee is a Lobbyist/Registrant PAC.	
((f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee)	ind or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
((g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
((h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



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	FEC Form 1 (Revised 02/2009)	Pag	je 3	
V	Nrite or Type Committee Name			
	Montana Democratic Party			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	PAC	Spon	sor
	Tester Victory Fund			
	Mailing Address			

Mailing Address					
	Helena			MT 59624	
		CITY A		STATE A	ZIP CODE
Relationship: Connected	Organization Affi	iated Organization	X Joint Fundraising	Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Giarraputo	, Holly, , ,		1
Full Name			
Mailing Address	946 Bandmann Trl		
	Missoula	MT 59802	
		STATE 🔺	ZIP CODE
Title or Position ▼			
Comptroller	Tele	ephone number	498 - 7123

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	FourStar, Lance, , ,
Mailing Address	PO Box 802
	Helena MT 59624
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 406 442 9520

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First I	nterstate Bank		
Mailing Address	3502 Brooks		
	Missoula	MT 59801	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	ν, etc.		
	amated Bank		
Mailing Address	1825 K St., NW		
	Washington		
		STATE A	ZIP CODE

1			
2.		FEC ID numb	ber C
		FEC ID numb	ber C
3.		FEC ID numb	ber C
4.		FEC ID numb	ber C
Name of Any Connected	Owneringtion Affiliated Committee Joint Fundra	iaina Danaaan	tative or Londorship DAC Channey
DNC State Party Vict	Organization, Affiliated Committee, Joint Fundra	ising nepresent	tative, of Leadership FAC Sponsor
Mailing Address	430 S. Capitol St., SE		
	1		
	Washington		C 20003
Relationship:		STAT	
Connector	d Organization	Fundraising Repre	esentative Leadership PAC Spons
Designated Agent: Identify	v by name, address (phone number - optional)		
Designated Agent: Identify	v by name, address (phone number – optional)		
	/ by name, address (phone number - optional)		
Full Name	<pre>/ by name, address (phone number - optional) // // // // // // // // // // // // //</pre>		
Full Name	<pre>/ by name, address (phone number - optional)</pre>		
Full Name			
Full Name		STATE	

5(g) or ((h). Joint Fundraising	g Participant:			
	1.			FEC ID numbe	r C
	2.			FEC ID numbe	r C
	3.			FEC ID numbe	r C
	4.			FEC ID numbe	r C
6. N	ame of Any Connected	Organization, Affilia	ated Committee, Joint F	undraising Representat	ive, or Leadership PAC Sponsor
	Democratic Grassroot				
	Mailing Address	430 South Capitol	St., SE		
		Washington			20003
	Relationship:		CITY A	STATE	▲ ZIP CODE ▲
	Connected	Organization	Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address	(phone number – option	al)	
8. D	Full Name	by name, address	(phone number – option	al)	
8. D		by name, address	(phone number – option	al)	
8. D	Full Name	by name, address	(phone number – option	al) 	
8. D	Full Name		(phone number – option	al)	
8. D	Full Name		· · · · · · · · · · · · · · · · · · ·		
9. B Si N	Full Name			STATE	Image: Image
9. B Si N	Full Name Mailing Address TITLE OR POSITION			STATE	

1. .				0 number 0 number	С		
3 4 Name of Any Connected C) number			
4			L FEC II		С		
Name of Any Connected C				0 number	С		
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	rganization, Affiliat	ted Committee, Joint	Fundraising Re	oresentative	e, or Leade	rship PAC Sj	oonsoi
Harris Victory Fund							1 1
							1 1
Mailing Address							
	Washington			DC	20003		
Relationship:		CITY 🔺		STATE 🔺		ZIP CODE	
Connected	Organization At	ffiliated Committee	Joint Fundraising	Representa	ative L	eadership PAC	C Spon
Full Name							
Mailing Address							
				STATE 🔺	1	ZIP CODE 🔺	
TITLE OR POSITION	r	CITY A					
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1		-					
Banks or Other Depositori	es: List all banks or		Telephone N	umber	s funds, hol	ds accounts,	rents
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Banks or Other Depositori safety deposit boxes or mair Name of Bank,	es: List all banks or	r other depositories in v	Telephone N	umber			rents
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, etc.	es: List all banks or	r other depositories in v	Telephone N	umber			rents
Banks or Other Depositorionsafety deposit boxes or mair	es: List all banks or	r other depositories in v	Telephone N	umber			rents

5(g) or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6. N	ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representati	ve or Leadershin PAC Sponsor
0. 11	Friends of State Dem	-		
	Mailing Address			
		Lafayette		70506
	Relationship:	CITY 🔺	STATE	
	Connected	Organization	Joint Fundraising Represer	ntative Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number – option	al)	
	Mailing Address	1		
		1		
	TITLE OR POSITION		STATE A	
		•	Telephone Number	LL
sa	anks or Other Depositon afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks or other depositories in v intains funds.	which the committee depos	sits funds, holds accounts, rents

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1.	Participant:					
••			FEC ID	number	С	
2.			FEC ID	number	С	
3.			FEC ID	number	С	
4.			FEC ID	number	С	
Name of Any Connected C	Organization, Affiliated	Committee, Joint Fund	traising Rep	resentative	e, or Leaders	hip PAC Sponsor
Monica Tranel Victory	Fund					
Mailing Address	946 Bandmann Trl					
	Missoula		1	MT	59802	
Relationship:						
Connected	Organization Affiliat	ed Committee 🛛 🗙 Joir	nt Fundraising	Representa	ative	adership PAC Spons
Full Name						
Mailing Address						
TITLE OR POSITION	▼ (S		ZI	P CODE
	▼		s Telephone Nu		ZII	

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(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	D number	С
2.			FEC	D number	C
3.			FEC	D number	C
4.			FEC	D number	C
		rganization, Affiliated Committee, Joint Fu	ndraising Re	epresentativ	e, or Leadership PAC Sponsor
	ntwell Tester Victory	/ Fund 			
Ν	Mailing Address	401 2nd Ave. S.			
		Suite 303			
		Seattle	1	WA	98104
F	Relationship:	CITY A		STATE	
	Connected	Organization Affiliated Committee X Ja	oint Fundraisi	ng Represent	ative Leadership PAC Sponsor
. Desigr	nated Agent: Identify	by name, address (phone number – optional)			
-	nated Agent: Identify	by name, address (phone number – optional)			
Ful		by name, address (phone number – optional)			
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Ful	II Name	by name, address (phone number – optional)			
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Ful	II Name				· · · · · · · · · · · · · · · · · · ·
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1. 2. 3. 4. 4. Mame of Any Connected Organization MT NV Victory Fund Mailing Address 611 Pen Mailing Address 611 Pen Washing Washing Relationship: Connected Organization Relationship: Connected Organization Mailing Address Full Name Mailing Address ITTLE OR POSITION TITLE OR POSITION Safety deposit boxes or maintains function Name of Bank, _	nsylvania Ave., SE	FEC	ID number ID number ID number ID number	C C C C e, or Leadership PAC Sponsor
3. 4. Mame of Any Connected Organization MT NV Victory Fund Mailing Address 611 Pen Mailing Address 611 Pen Washing Washing Relationship: Connected Organization Relationship: Connected Organization Mailing Address Image: Provide the state of the state	nsylvania Ave., SE		ID number ID number	C C
4.	nsylvania Ave., SE	J FEC	ID number	C
Name of Any Connected Organization MT NV Victory Fund Mailing Address Mailing Address Banks or Other Depositories: List all safety deposit boxes or maintains function	nsylvania Ave., SE	_		
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MT NV Victory Fund	nsylvania Ave., SE			
Mailing Address	ton			
Mailing Address	ton			
Relationship: Connected Organization Designated Agent: Identify by name, Full Name Mailing Address Image: Mailing Address Image: TITLE OR POSITION TITLE OR POSITION Image: Mailing Address				
Relationship: Connected Organization Designated Agent: Identify by name, Full Name Mailing Address Image: Name Image: Name Mailing Address Image: Name Image: Name Mailing Address Image: Name		1		
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Designated Agent: Identify by name, Full Name Mailing Address Image: Mailing Address <td></td> <td></td> <td>STATE A</td> <td></td>			STATE A	
TITLE OR POSITION ▼ Banks or Other Depositories: List all safety deposit boxes or maintains function	ıddress (phone number – optiona)		
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Banks or Other Depositories: List all safety deposit boxes or maintains function				
Banks or Other Depositories: List all safety deposit boxes or maintains function				
Banks or Other Depositories: List all safety deposit boxes or maintains function			STATE A	
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Depository, etc.		nich the comm	nittee deposit	s funds, holds accounts, rents
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	g Participant:				
1.			FEC	ID number	C
2.			FEC	ID number	C
3.			FEC	ID number	С
4.			FEC	ID number	С
		ed Committee, Joint F	Fundraising F	Representativ	ve, or Leadership PAC Sponsor
Tester Tranel Victory					
Mailing Address	PO box 558				
	Billings				59102
Relationship:				STATE A	
					tative Leadership PAC Spons
Connected			Joint Fundrais	sing Represent	
				sing Hepresent	
Designated Agent: Identify					
Designated Agent: Identify					
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